

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF REGULATORY SERVICES

In Re: Barbara Goodrich, R.N.

Petition No. 2000-0531-010-032

CONSENT ORDER

WHEREAS, Barbara Goodrich (hereinafter "respondent") of Portland, Connecticut has been issued license number R32340 to practice as a registered nurse by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 378 of the General Statutes of Connecticut, as amended; and,

WHEREAS, the Department alleges that:

1. From November 1999 to April 2000, respondent was employed as the Director of Nurses by Cobalt Lodge Health and Rehabilitation Center in Cobalt, Connecticut.
2. Respondent failed to include evidence of orientation, including skills assessment, in the documentation of nurse aides upon hire.
3. Respondent failed to ensure that nurse aides working in the facility for more than four months were competent to provide nursing and nursing related services, and that individuals had completed a training and competency evaluation program approved by the State.
4. Respondent failed to ensure that individuals working less than four months as a nurse aide were enrolled full-time in a State-approved training and competency program or had been deemed competent to perform those tasks assigned.
5. Respondent included individuals in current staffing totals for the facility despite their lack of documented training and competency.
6. Respondent failed to ensure that registry verification was received prior to allowing an individual to work as a nurse's aide.
7. Respondent failed to maintain documentation of current professional licensure for nurses.
8. Respondent failed to ensure that nurse aides received 12 or more hours of inservice per year.

9. The above described facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, 20-99(b), including but not limited to:

a. §20-99(b)(2); and/or

Regulations of Connecticut State Agencies, including but not limited to:

a. §19-13-D8t(j)(2)(E);

b. §19-13-D8t(j)(2)(F); and/or

c. §19-13-D8t(j)(2)(G).

WHEREAS, respondent, in consideration of this Consent Order, has chosen not to contest the above allegations at a hearing in front of the Board of Examiners for Nursing (hereinafter "the Board").

Respondent does not admit to having violated any statute or regulation, including but not limited to §20-99(b) of the General Statutes of Connecticut. Respondent further agrees that this Consent Order shall have the same effect as if ordered after a full hearing pursuant to §§19a-9, 19a-10, and 20-99(b) of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §19a-17 and §20-99(a) of the General Statutes of Connecticut, respondent hereby stipulates and agrees to the following:

1. Respondent waives her right to a hearing on the merits of this matter.
2. Respondent shall comply with all federal and state statutes and regulations applicable to her profession.

3. Respondent shall pay a civil penalty of two thousand dollars (\$2000.00) by certified or cashier's check payable to "Treasurer, State of Connecticut." The check shall reference the Petition Number on the face of the check, and shall be payable at the time respondent submits the executed Consent Order to the Department.
4. Respondent's license number R32340 to practice as a registered nurse in the State of Connecticut is hereby placed on probation for one year, subject to the following terms and conditions:
  - A. Respondent shall provide a copy of this Consent Order to all current and future medical health care employers for the duration of her probation.
  - B. Respondent shall not accept any further employment other than current employment as a nurse for a personnel provider service, Assisted Living Services Agency, Homemaker - Home Health Aide Agency, or home health care agency, and shall not be self-employed as a nurse for the period of her probation.
  - C. Respondent shall be responsible for the provision of written reports directly to the Board and the Department from her nursing supervisor (i.e., Director of Nursing) monthly for the entire probationary period. Respondent shall provide a copy of this Consent Order to any and all employers if employed as a nurse during the probationary period. The Board and the Department shall be notified in writing by any employer(s) within fifteen (15) days of the commencement of employment as to the receipt of a copy of this Consent

Order. Employer reports shall include documentation of respondent's ability to safely and competently practice nursing, and shall include all administrative responsibility, and shall be issued to the Board and the Department at the address cited in paragraph 4H below.

- D. Respondent shall notify the Board and the Department in writing of any change of employment within fifteen (15) days of such change.
- E. Respondent shall notify the Board and the Department of any change in her home or business address within fifteen (15) days of such change.
- F. If respondent pursues further training or is engaged at the time of the implementation of the consent order, in an educational program in any subject area that is regulated by the Department, respondent shall provide a copy of this Consent Order to the educational institution or, if not an institution, to respondent's instructor. Such institution or instructor shall notify the Department of receipt of the Consent Order within fifteen (15) days of receipt.
- G. All reports required by the terms of this Consent Order shall be due according to a schedule to be established by the Department of Public Health.
- H. All correspondence and reports shall be addressed to:

Bonnie Pinkerton  
Department of Public Health

Division of Health Systems Regulation  
410 Capitol Avenue, MS #12HSR  
P.O. Box 340308  
Hartford, CT 06134-0308

5. Any violation of the terms of this Consent Order without prior written approval by the Board shall constitute grounds for the Department to seek revocation of respondent's nursing license following notice and an opportunity to be heard.
6. Any extension of time or grace period for reporting granted by the Board shall not be a waiver or preclude the Board's right to take action at a later time. The Board shall not be required to grant future extensions of time or grace periods.
7. Legal notice of any action shall be deemed sufficient if sent to respondent's last known address of record reported to the Licensure and Registration Section of the Division of Health Systems Regulation of the Department.
8. This Consent Order is effective on the first day of the month immediately following the month in which this Consent Order is approved and accepted by the Board.
9. Respondent understands this Consent Order is a matter of public record.
10. Respondent understands this Consent Order may be considered as evidence of the above admitted violations in any proceeding before the Board in which (1) her compliance with this

same Consent Order is at issue, or (2) her compliance with §20-99(b) of the General Statutes of Connecticut, as amended, is at issue.

11. In the event respondent violates a term of this Consent Order, respondent agrees immediately to refrain from practicing as a registered nurse, upon request by the Department, with notice to the Board, for a period not to exceed 45 days. During that time period, respondent further agrees to cooperate with the Department in its investigation of the violation, and to submit to and complete a medical, psychiatric or psychological evaluation, if requested to do so by the Department; and, that the results of the evaluation shall be submitted directly to the Department. Respondent further agrees that failure to cooperate with the Department in its investigation during said 45 day period shall constitute grounds for the Department to seek a summary suspension of respondent's license. In any such summary action, respondent stipulates that her failure to cooperate with the Department's investigation shall be considered by the Board and shall be given due weight by the Board in determining whether respondent's conduct constitutes a clear and immediate danger as required pursuant to Connecticut General Statutes, sections 4-182(c) and 19a-17(c). The Department and respondent understand that the Board has complete and final discretion as to whether a summary suspension is ordered.
12. In the event respondent violates any term of this Consent Order, said violation may also constitute grounds for the Department to seek a summary suspension of respondent's license before the Board.

13. This Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, this Consent Order is not subject to appeal or review under the provisions of Chapters 54 and 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive respondent of any other rights that respondent may have under the laws of the State of Connecticut or of the United States.
14. Respondent permits a representative of the Department to present this Consent Order and the factual basis for this Consent Order to the Board. The Department and respondent understand that the Board has complete and final discretion as to whether an executed Consent Order is approved or accepted.
15. Respondent has had the opportunity to consult with an attorney prior to signing this document.

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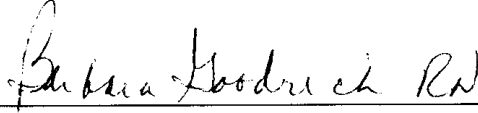
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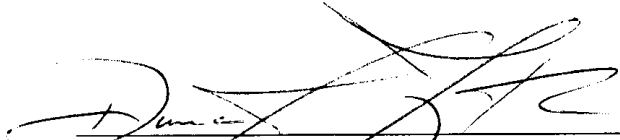
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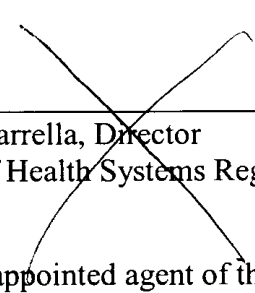
I, Barbara Goodrich, have read the above Consent Order, and I agree to the terms set forth therein. I further declare the execution of this Consent Order to be my free act and deed.

  
Barbara Goodrich, R.N.

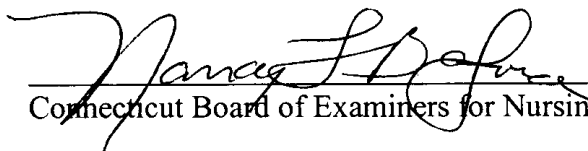
Subscribed and sworn to before me this 15<sup>th</sup> day of June, 2001.

  
Notary Public or person authorized  
by law to administer an oath or affirmation  
*Commissioner of the Superior Court*

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 5<sup>th</sup> day of June, 2001, it is hereby accepted.

  
Kathleen Zarrella, Director  
Division of Health Systems Regulation

The above Consent Order having been presented to the duly appointed agent of the Connecticut Board of Examiners for Nursing on the 6 day of June, 2001, it is hereby ordered and accepted.

BY:   
Connecticut Board of Examiners for Nursing




I, Barbara Goodrich, have read the above Consent Order, and I agree to the terms set forth therein. I further declare the execution of this Consent Order to be my free act and deed.

\_\_\_\_\_  
Barbara Goodrich, R.N.

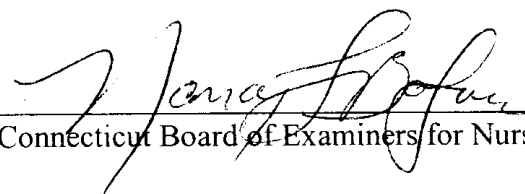
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2001.

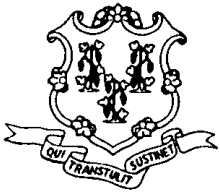
\_\_\_\_\_  
Notary Public or person authorized  
by law to administer an oath or affirmation

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 5<sup>th</sup> day of June, 2001, it is hereby accepted.

  
\_\_\_\_\_  
Cynthia Denne, Bureau Chief  
Bureau of Regulatory Services

The above Consent Order having been presented to the duly appointed agent of the Connecticut Board of Examiners for Nursing on the 6 day of June, 2001, it is hereby ordered and accepted.

BY:   
\_\_\_\_\_  
Connecticut Board of Examiners for Nursing



# STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

July 3, 2002

Barbara Goodrich, RN  
536 Main Street  
Portland, CT 06480

Re: Consent Order  
Petition No. 2000-0531-010-032  
License No. R32340  
DOB: 6/18/45

Dear Ms. Goodrich:

Please accept this letter as notice that you have satisfied the terms of your license probation, effective July 1, 2002.

Notice will be sent to the Department's Licensure and Registration section to remove all restrictions from your license related to the above-referenced Consent Order.

Please be certain to retain this letter as documented proof that you have completed your license probation.

Thank you for your cooperation during this process.

Very truly yours,

Bonnie Pinkerton, RNC  
Division of Health Systems Regulation

cc: J. Filippone  
J. Wojick



Phone: (860) 509-7400  
Telephone Device for the Deaf (860) 509-7191  
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P.O. Box 340308 Hartford, CT 06134  
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